

"This grant does not include non-recurring,  
non-federal expenditures"

OMB Number: 4040-0004  
Expiration Date: 12/31/2019

Application for Federal Assistance SF-424		
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		
<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		
<b>* If Revision, select appropriate letter(s):</b> A: Increase Award <b>* Other (Specify):</b>		
<b>* 3. Date Received:</b>		<b>4. Applicant Identifier:</b>
<b>5a. Federal Entity Identifier:</b>		<b>5b. Federal Award Identifier:</b>
<b>State Use Only:</b>		
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> California Air Resources Board		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 68-0388069		<b>* c. Organizational DUNS:</b> 1959302760000
<b>d. Address:</b>		
<b>* Street1:</b> 1001 I Street		
<b>Street2:</b> P.O. Box 1436		
<b>* City:</b> Sacramento		
<b>County/Parish:</b>		
<b>* State:</b> CA: California		
<b>Province:</b>		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 95812-1436		
<b>e. Organizational Unit:</b>		
<b>Department Name:</b> California Air Resources Board		<b>Division Name:</b> Administrative Service Div.
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Ms.	<b>* First Name:</b> Yogeeta	
<b>Middle Name:</b>		
<b>* Last Name:</b> Sharma		
<b>Suffix:</b>		
<b>Title:</b> Accounting Administrator II		
<b>Organizational Affiliation:</b>		
<b>* Telephone Number:</b> 916-322-8215		<b>Fax Number:</b> 916-322-9612
<b>* Email:</b> yogeeta.sharma@arb.ca.gov		

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Environmental Protection Agency

**11. Catalog of Federal Domestic Assistance Number:**

66.001

CFDA Title:

Air Pollution Control Program Support

**\* 12. Funding Opportunity Number:**

EPA-CRP-01

\* Title:

EPA Mandatory Grant Programs

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts and other functions appropriate to achieve air quality

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**\* a. Applicant \* b. Program/Project 

Attach an additional list of Program/Project Congressional Districts if needed.

**17. Proposed Project:**\* a. Start Date: \* b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="6,991,362.00"/>
* b. Applicant	<input type="text" value="20,515,500.00"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="27,506,862.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title: \* Telephone Number:  Fax Number: \* Email: 

\* Signature of Authorized Representative:

\* Date Signed: